

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

Rung by chw
\$251.15
04-27-11
Receipt #193070

Unclaimed Dividends/Distribution Less Than \$5 For Deposit To Registry Fund

Debtor: Health Risk Management
Chapter 7 Case No. 01-43354

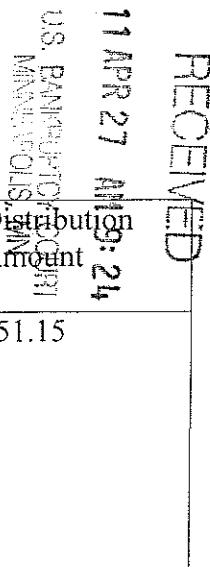
Please Check One:

Unclaimed Dividends

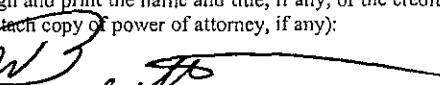
Distribution Less Than \$5

Name and Address of Payee	Claim No.	Amount Claimed	Distribution Amount
Boelter & Associates c/o Steven J. Kluz Rider Bennett, LLP 333 South 7 th Street Minneapolis, MN 55402	512	\$38600	251.15

1382089.1-TDM



FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF MINNESOTA	AMENDED PROOF OF CLAIM
Name of Debtor Health Risk Management, Inc.	Case Number: 01-43354		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Boelter and Associates Incorporated	<input type="checkbox"/> Check box if you are aware that anyone has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and Address where notices should be sent: c/o Steven J. Khuz, Sr., Esq. Rider Bennett, LLP 333 South Seventh Street, Suite 2000 Minneapolis, MN 55402 (Phone - 612-340-7916)	THIS SPACE FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor:	Check here if this claim <input type="checkbox"/> replaces <input checked="" type="checkbox"/> amends a previously filed claim, dated 11/21/01		
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other: 502(h) claim related to settlement of preference action	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: See attached	3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ 38,600.00 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties owed to government units - 11 U.S.C. §507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(__)		
<small>*Amounts are subject to adjustment on 4/1/2001 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>			
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	THIS SPACE FOR COURT USE ONLY		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Time-Stamped Copy: To receive an acknowledgment of the filing of the claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 9/30/2001	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim <small>(attach copy of power of attorney, if any):</small> 		
M. William Boelter			
<i>Penalty for presenting fraudulent claim:</i> Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			